MetroHealth

# PATIENT EXPERIENCE BOARD OF TRUSTEES

**DATE:** FEBRUARY 13, 2019
**CHAIR:** MAUREEN DEE
**CHAIR:** THOMAS M. MCDONALD
**RECORDER:** C. BUCKLEY

**PLACE:** K-107
**CALLED TO ORDER:** 4:00 P.M.
**ADJOURNED:** 5:30 P.M.

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| E | Akram Boutros, MD, FACHE |
| X | Michael Stern |
| X | Nick Sukalac |
| E | Bernard Boulanger |
| X | Brook Watts, MD |
| X | Seona Goerndt |
| E | Melissa Kline |
| E | Jane Platten |
| X | Sandra Werner, MD |
| X | Kimberly Svoboda |
| X | Laurel Domanski Diaz, PFA |
| X | Patricia Morgan, PFA |
| X | Johanna Hamm, PFA |

**Invited:**
Terence Monnolly
Dr. J. B. Silvers
Mr. Robert Hurwitz
Ms. Vanessa L. Whiting
John Moss
Ms. Arlene Anderson

**Presenters:**
Brook Watts, MD
Seona Goerndt
Katrina Dubovikova
Jennifer Lastic
Stephanie Seng-Patton
Michael Hansen

| TOPIC | DISCUSSION | ACTION ITEM/FOLLOW UP |
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| **Review of Minutes** | Minutes from the November 14, 2018, minutes approved as written. | N/A |
| **Review of 2018 Year-End Experience Results** | Hospital Survey Changes 2018<br>• Hospital survey historically has been divided into 2 data streams<br>* Mandatory CMS HCAHPS and oversample<br>• CMS requires 300 surveys annually. Due to low volume of HCAHPS mandatory survey, hospitals usually conduct additional surveys as party of oversample. Historically MetroHealth surveys were conducted by mail. StartingQ4 2018 mandatory HCAHPS continued by mail, as required by CMS. MHS will continue to monitor already established trends.<br>• Oversample survey is now collected by e-mail & phone resulting in higher response rate and faster returns. Q4 2018 will become a baseline for 2019 reporting.<br>Hospital Trends Overview<br>• Went over the key drivers: Care Transitions, Responsiveness, Nurse Communication and Doctor Communication. | |

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| | Ambulatory Network Trends Overview / Steady Progress Overtime<br><br>• Approximately 1.4 million visits per year<br><br>• In January 2017, e-mail and phone surveys; volume of patient feedback increased 5x<br><br>• Starting February 2017, providers started receiving monthly individual patient feedback reports pushed into their inbox<br><br>• In January – March 2017, Patient Centered Provider Communication training was offered | |
| **Review 2019 Experience Goals – System & Departmental** | Patient Experience system goal will be based on "Likelihood to Recommend"<br><br>• Weighted composite measure:<br>  o Ambulatory Network Clinics (40%)<br>  o Hospital (30%)<br>  o Emergency Department (20%)<br>  o Express Care (10%)<br><br>Patient- Survey Specific Goals - ACO<br><br>• Survey administered annually November 1 - January 31. Results available August. Realtime Questions added to provide leading-indicator results<br><br>Office of Patient Experience Team-Based Goals (some highlights of goals)<br><br>• Welcome Listen Care (WLC) – workshop series. Rollout WLC workshop series within the ambulatory network<br>• Education & Entertainment Programming. Create a consistent experience across MH for electronic/television programming.<br>• Informational Signage. Reduce clutter and improve the visual experience within Main Campus<br>• Communicating facility information and directions. Update facility guides and maps to reflect current state and items most important to vising MetroHealth facilities. | |

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| **Overview & Status Update In-Patient Task Force Teams** | Team Clean It Up<br>○ **Plan**<br>• Completed final order of comfort-kits items<br>• Assemble comfort-kits - student and/or volunteers<br>• Develop and implement audit rounds after implementation<br>Team Comfort<br>○ **Plan**<br>• Pilot will continue through the end of Q1 – March 31, 2019<br>• Comfort items distributed will be tracked to determine which items were most requested on each unit<br>• Collect staff feedback from the pilot units<br>• **Humm Questions:**<br>• Did you have pain upon arrival to this unit? If "YES"<br>• Did your care team talk with you about pain management and comfort options?<br>Team Helpful<br>○ **Plan**<br>• Update Medicine SBAR<br>• Development of EVS Screen – Will discuss this month<br>• Detailed No Pass Zone implementation plan development<br>• **Humm Questions**<br>• Did you have to use the call button today? If YES<br>• How would you rate the care team on responding when you push the call button?<br>• Did your care team assist you to the bathroom today? If YES<br>• How would you rate the care team on assisting you to the bathroom?<br><br>Team Plan It Out<br>○ **Plan**<br>○ **Discharge Video – Channel 14**<br>• 9B and 9C – Pilot start date TBD<br>• Work flow determined<br>• Intake Nurse will discuss video during admission screening<br>• Unit Secretary to show video on day two to patients upon distribution of Humm tablets (will track when patients view video)<br>• Communication boards to serve as a reminder to patient of availability of discharge video access on channel 14 – My Plan/Goal for the Day | |

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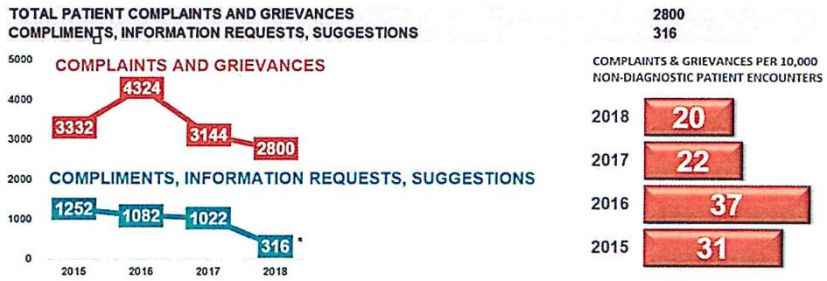
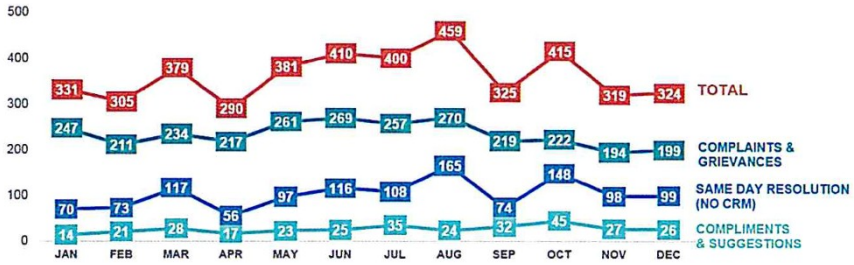
| | ○ **Excellent Patient Care at a Glance**<br>• Family Medicine Attendings began to incorporate the guide during inpatient rounding with Residents<br>• Team Plan It Out representatives met with Internal Medicine Residents and Interns and introduced guide – with the support of Dr. Pile, Dr. Kim and Dr. Watts<br>  • Distributed pre-surveys<br>  • Incorporation of the guide during inpatient rounding | |
| **Review 2018 Year-End Grievance/Complaint Data** | CMS Regulations and Interpretive Guidelines for Hospitals<br>• §482.13 Condition of Participation: Patient's Rights<br>• §482.13(a)(2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.<br><br>PATIENT RELATIONS CALLS 2015 – 2018<br><br>•  <br><br>* The decrease reflects requests getting more appropriately identified as complaints and not a decrease in compliments.<br><br>Monthly Patient Calls Volume<br>•  <br><br><br>Patient Intervention Team (PIT) | |

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| | • Multidisciplinary<br>• Meets weekly and ad hoc<br>• Recommends care plan for patients and visitors with chronic or severe inappropriate behavior<br>• Offers debriefing sessions through EAP for affected staff<br>Going forward<br><br>• Weekly report and call for all open complaints and grievances.<br>• Attend department meetings to explain role in the system.<br>• Escalate grievances to the next leadership level after 21 days. | |
| **Review Language Access Data / Interpretive Services** | Will present at a later date / meeting was adjourned | |

**Next Meeting: May 8, 2019; K-107; 12:00pm – 2:00pm**